

Bureau of Health Care Quality & Compliance

PRINTED: 10/11/2009
FORM APPROVES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS1214SNF	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/07/2009
NAME OF PROVIDER OR SUPPLIER VEGAS VALLEY REHABILITATION HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 2945 CASA VEGAS STREET LAS VEGAS, NV 89109		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
Z 000	Initial Comments This Statement of Deficiencies was generated as a result of complaint investigation conducted in your facility on 10/06/09 and finalized on 10/07/09, in accordance with Nevada Administrative Code, Chapter 449, Facilities for Skilled Nursing. Complaint #NV00022951 was unsubstantiated. Complaint #NV00022952 was substantiated with deficiencies cited. (See Tags # Z064 and Z310) A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included. Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws. The following deficiencies were identified:	Z 000	This plan of correction is prepared and executed because it is required by the provisions of the state and federal regulations and not because Vegas Valley Rehabilitation Hospital agrees with the allegations and citations listed on the statement of deficiencies. Vegas Valley Rehabilitation Hospital maintains that the alleged deficiencies do not, individually and collectively, jeopardize the health and safety of the residents, nor are they of such character as to limit our capacity to render adequate care as prescribed by regulation. This plan of correction shall operate as Vegas Valley Rehabilitation Hospital's written credible allegation of compliance. By submitting this plan of correction, Vegas Valley Rehabilitation Hospital does not admit to the accuracy of the deficiencies. This plan of correction is not meant to establish any standard of care, contract, obligation, or position, and Vegas Valley Rehabilitation Hospital reserves all rights to raise all possible contentions and defenses in any civil or criminal claim, action or proceeding.		
Z 64 SS=D	NAC 449.74429 Transfer or Discharge of Patient 5. A facility for skilled nursing shall prepare a patient for his transfer or discharge in such a manner as to ensure the safe and orderly transfer or discharge of the patient from the facility. This Regulation is not met as evidenced by:	Z 64			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Barbara G. [Signature]

TITLE

(X6) DATE

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If continuation sheet 1 of 3

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BUREAU OF LICENSURE AND CERTIFICATION
LAS VEGAS, NEVADA

Bureau of Health Care Quality & Compliance

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Z 64	Continued From page 1 Based on interview, record review and facility discharge policy and procedure review, the facility failed to ensure the safe and orderly discharge of a confused elderly resident diagnosed with dementia from the facility. (Resident #2) Severity: 2 Scope: 1 Complaint #NV00022952		Z 64		
Z310 SS=D	NAC449.74493 Notification of Changes or Condition 1. A facility for skilled nursing shall immediately notify a patient, the patient's legal representative or an interested member of the patient's family, if known, and, if appropriate, the patient's physician, when: (a) The patient has been injured in an accident and may require treatment from a physician; (b) The patient's physical, mental or psychosocial health has deteriorated and resulted in medical complications or is threatening the patient's life; (c) There is a need to discontinue the current treatment of the patient because of adverse consequences caused by that treatment or to commence a new type of treatment; (d) The patient will be transferred or discharged from the facility; (e) The patient will be assigned to another room or assigned a new roommate; or (f) There is any change in federal or state law that affects the rights of the patient. This Regulation is not met as evidenced by: Based on interview, record review and document review the facility failed to immediately notify the patients legal representative or family member that the resident, who was an elderly confused resident diagnosed with dementia, was being discharged from the facility and failed to		Z310	<ol style="list-style-type: none"> Daily communication of resident discharge information and telephone contact number to be placed on 24 hour report sheet. Nursing to call each residents contact person identified as at risk i.e. (Dementia, confusion, Alzheimer's, etc.)for confirmation of delivery of the resident to their place of discharge. Staff to be re-educated on resident discharge process and communication to key family/caretaker, to keep in compliance. Drivers will be instructed to return back to VVRH with any resident that has been identified as at risk i.e. (Dementia, confusion, Alzheimer's, etc.)and there is no responsible family/caretaker available to be with and take over care of the patient at home. Random audits by the D.O.N. or designee for compliance. Results of audits to be tracked and trended for review at Performance Improvement meeting. 	Case managers Social Services Clinical Directors Clinical Directors D.O.E. D.O.E. D.O.N.

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Z310	Continued From page 2 appropriately transfer the care and protective custody of the resident to a responsible family member. (Resident #2) Severity: 2 Scope: 1 Complaint #NV00022952	Z310			

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